



Concept Paper # _____

Presented to the Department of Administrative Services (DAS)

Date Prepared: _____

Name of document to be reviewed: Direct Care Workforce Credentialing System

(Please check one item listed in the following two sections)

Document for review and approval:

- ☐ Request for Proposal (RFP)
- ☐ Request for Service (RFS)
- ☐ Request for Quote (RFQ)
- ☐ Invitation to Qualify

- ☐ Sole Source Procurement
- ☐ Statement of Work
- ☐ Staff Augmentation
- ☒ Master Agreement Purchase

NOTE: Sole source procurements will also need authorization from DAS Procurement for this type of purchase. Please also contact DAS Procurement at this location:

<http://das.gse.iowa.gov/procurement/solesource%202010.pdf>

Document for review only:

☒ Master Agreement

☐ Request for Information (RFI)

Agency: Iowa Department of Public Health _____

RFP Reference #:

Release Date:

This project is requesting IOWAccess funds: Yes ☒ No ☐

NOTE: IOWAccess concept papers are to be sent to Malcolm Huston (Malcolm.Huston@iowa.gov) for an internal DAS review.

Expansion of existing project? Yes ☒ No ☐

Projected cost over \$50,000? Yes ☒ No ☐

Projected agency staff hours over 750? Yes ☐ No ☒

Project Cost, Funds and Funding Source:

Please list the internal and external resources/costs for the purchase:

Internal Resources/Costs: IDPH will provide \$75,000 toward the purchase through a federal grant.

External Resources/Costs: Additional costs total \$308,367, which we hope to receive from Iowa Access funding.

Timelines:

The Iowa Department of Public Health (IDPH) hopes to begin the project immediately and CSDC estimates the entire development will take approximately ten months. With an estimated start date of May 2, 2011, we hope to be completed by the end of March 2012.

Background:

The Iowa General Assembly, beginning in 2006, has directed a diverse stakeholder group (currently called the Direct Care Worker Advisory Council) to provide recommendations regarding the training and credentialing of direct care professionals in Iowa. Direct care professionals are defined as individuals who provide supportive services and care to people experiencing illnesses or disabilities and receive compensation for such services. IDPH successfully applied for a federal grant to pilot the Council's recommendations for training and credentialing of the workforce and to develop the Board of Direct Care Professionals (which the Iowa General Assembly mandated be developed by July 1, 2014).

The grant is providing one FTE to support the project and \$75,000 toward development of the IT system to credential workers. The federal grant project period is September 2010 – September 2013 (three years). IDPH is seeking funds from Iowa Access to support the entire period of the project, including annual maintenance costs. Although the goal is to eventually have a self-sustaining credentialing board (like other licensing boards), the process of bringing workers into the system will take time. IDPH will conduct long-term sustainability planning for the system and seek ongoing financing, including state funds, public and private grants, and fees from direct care professionals.

Expected Results:

What are the tangible and intangible benefits of this purchase for this agency and/or state government?

Tangible:

- An efficient and user-friendly IT system necessary for the credentialing and tracking of a workforce of 50,000.
- Web-based software that is being used by other professional licensing boards including the 19 boards within IDPH's Bureau of Professional Licensure, the Iowa Medical Board, Iowa Nursing Board, and the Iowa Dental Board. This creates efficiencies and cost-savings for the state and IDPH.

Intangible:

- Ability to develop, test, and implement a system that will assist Iowa in tackling the predicted workforce shortage of 11,000 direct care professionals by 2018. This system will help unify the workforce and standardize expectations for direct care professionals. A training and

credentialing system will help lowans understand what training workers have had and create a career pathway to encourage more lowans to go into this field of work.

Can these benefits be quantified in financial terms? If yes, please explain.

Yes, although we do not yet have specific figures. Iowa employers and direct care professionals currently spend a significant amount of money on training. Since there are very few standards or common training for direct care professionals, employers are re-training every individual they hire regardless of prior experience or training. The new training and credentialing system aims to reduce retraining costs to employers and direct care professionals by providing competency-based training and standard credentials to denote the level of training and knowledge individuals possess. The Direct Care Worker Advisory Council is currently developing cost estimates related to retraining and turnover.

Also, the state agencies that have already purchased or in the future will purchase software from CSDC will share costs, so financial savings are realized as more agencies participate in the Master Agreement.

How will you be more effective as a result of this purchase?

This project is an entirely new project, developing a system that has never been implemented. Although there is no current process or workflow to compare for 'effectiveness,' the new training and credentialing system will create efficiencies in the overall system. Since the workforce is so large (50,000 individuals), the IT system will assist IDPH in creating efficient workflows and a user-friendly system that allows the direct care professionals to enter and update their information easily.

How will service to your customers be enhanced as a result of this purchase?

Our customers are lowans, and many of them are currently seeking or will seek the assistance and support of direct care professionals in their lives. Direct care professionals provide everything from help with grocery shopping and laundry to support obtaining and keeping a job to providing personal health care such as assistance with bathing and monitoring vitals. They often work in people's homes and help them remain there instead of entering a facility. Through the public interface, the new IT system will help lowans understand what training a direct care professional has had and what functions that means they can perform.

Testing and Acceptance:

IDPH intends to develop a thorough testing plan to ensure the new system meets our needs currently and in the future. As part of the federally-funded grant project, IDPH is recruiting direct care professionals throughout the state to provide feedback to IDPH and test the IT system. IDPH will 'grandfather' current direct care professionals into the new credentials within the three-year project period.

Some of the Recipients of this Service:

Direct care professionals – As a result of the new system and creation of the Board of Direct Care Professionals (legislatively mandated by July 1, 2014), the state of Iowa will implement a career pathway for direct care professionals and options for standardized training, credentialing, and advancement.

lowans (customers of direct care) – As a result of the new system, lowans will have a better understanding of the requirements of the direct care profession and the skills and training needed to perform certain functions.

Employers – As a result of the new system, employers will have easily accessible knowledge of the training and skills of a direct care professional.

Standards:

State of Iowa Standards

Architecture:

n/a

Business Continuity / Disaster Recovery:

Provided by ITE hosting services

Recommendations from Joint Chief Information Officers/DAS IT Procurement Review Committee members:

NOTE: Where applicable, all DAS GSE Procurement and IA Administrative Code 11-105 and 11-106 requirements and procedures are to be followed. Reference: <http://das.gse.iowa.gov/procurement/>, specifically: <http://das.gse.iowa.gov/procurement/adminrules/>.

Duplication recommendation from the JCIO to DAS (from 0 of 11 JCIO members):

- a) Is there duplication within Government? *(Please identify duplication within your agency, as well as within the enterprise)*
- b) Can an existing program be modified to address a new need?
- c) Do you have any similar program in existence?
- d) Have you sought IT procurements for similar programs in the past?
- e) Do you have purchasing documents for similar programs?
- f) Do you have similar purchasing documents that could be used as a starting point for this program?
- g) Is there anything you could provide that could assist the agency with this IT procurement?
- h) Are there alternatives available to the agencies?

Recommendation of the JCIO to the DAS IT Procurement Review Committee:

Authorize this IT procurement Yes ____ No ____

Alternatives suggested by the JCIO
(see comments below) Yes ____ No ____

Additional comments from JCIO members:

Recommendation of the DAS IT Procurement Review Committee to the DAS Director:

Authorize this IT procurement Yes ____ No ____

Alternatives suggested by the committee
(see comments below) Yes ____ No ____

Additional comments from committee members

Acting COO-ITE/Date	Director, DAS/Date

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